

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J22942 1. Entity Name RIVERCITY REFRIGERATION A.C. & HEATING, INC.					
Principal Place of Business 3556 ST. AUGUSTINE RD. JACKSONVILLE, FL 32207			Mailing Address 3556 ST. AUGUSTINE RD. JACKSONVILLE, FL 32207		
2. Principal Place of Business 4472 Philips Hwy Suite, Apt. #, etc. SUITE A		3. Mailing Address 4472 Philips Hwy Suite, Apt. #, etc. SUITE A			
City & State JACKSONVILLE FL.		City & State JACKSONVILLE FL.		4. FEI Number 59-2705447	
Zip 32207		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAY, PAUL R. 5103 FARMCREEK ROAD ST AUGUSTINE, FL 32092				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL R. MAY 5103 FARMCREEK RD ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Paul R. May</u> Paul R. MAY <u>3-7-05</u> <u>904. 739-1197</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

FILED
05 MAR 11 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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